



Parks & Recreation Discount Program Application

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Please note: We will accept ONE application per household. A household includes all the persons who occupy a housing unit in which the occupants live and eat together as a single housekeeping unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living expenses.

Important! This application will not be processed without the following proper documentation:

All clients (except Social Services clients) **must provide the following documentation:**

1. Copies of all household members last paycheck stub from current or most recent employer.
2. Copies of all adults most recent US Individual Federal Income Tax return (ex. 1040); W-2 forms will not be accepted.
3. Copies of most recent Child Support, Alimony, Social Security and Retirement Income.

Social Services clients only:

4. Proof of public assistance if applicable: Food Stamps/TANF.

Applicant Name _____
Street Address _____ City _____ State VA Zip _____
Mailing Address _____ City _____ State VA Zip _____
Home Phone (_____) _____ Business Phone (_____) _____
Drivers License# _____ Email Address _____

Please list ALL adults and children living at the same residence, including yourself:

	Name	Grade	Age	Sex	Date of Birth	Relationship to Applicant	Program Requesting Assistance for
1.	_____						
2.	_____						
3.	_____						
4.	_____						
5.	_____						
6.	_____						

Social Services Representative _____

Social Services Effective Date: _____ Expiration Date _____

Type of Income	Amount	Frequency
Wages/ Salaries	\$ _____	
Social Security	\$ _____	
Food Stamps	\$ _____	
Unemployment	\$ _____	
Child Support/ Alimony	\$ _____	
Pension/Retirement	\$ _____	
Other	\$ _____	
TOTAL Earned Income Before Taxes	\$ _____	

Unusual circumstances that would affect eligibility, (i.e., loss of job, illness, change in marital status). Please briefly explain:

OVER! Please be sure to complete front and back of application, clip out and return.

Discount Program Agreement

Your signature on this Discount Program Application form is an agreement that the parent/guardian/participant will pay the required reduced amount for the program before the program begins.

The Discount Program Application must be completed for consideration. All required verification of income and information lines must be filled in completely and accurately. Applications that are submitted without proper documentation will become void after two weeks. Discounts will be given upon notification (email or mail) of approval of application.

Verification of income is required on a yearly basis, unless otherwise stated; and must include a photocopy of the most recent Federal Income Tax return (no W-2 forms; see list of required documentation on the front of this application). A new application must be submitted before your expiration date.

The Parks and Recreation Finance Office established discounts using U.S. Department of Health and Human Services income eligibility guidelines. The income guidelines are reviewed and updated on an annual basis. Each application is reviewed on its own merit and approved or denied based on information provided.

Those receiving services from Social Services must first submit the completed application to the Parks and Recreation Finance Office. Your signature is an agreement that Social Services may disclose information to the Parks and Recreation Finance Office for determination of discount.

Application process may take 10-14 business days after receipt of all information.

Please note that the applicant is responsible for obtaining any photocopies required to accompany this application. Our office is not responsible for original documents submitted with application.

Applications may be mailed to the address on the front of this application or dropped off at either of the recreation centers.

I affirm to the best of my knowledge, that the information I have submitted to determine my discount, is true and complete. I understand that I must fully disclose all income in the household. I understand that there are legal penalties for fraudulent information or lack of information. I agree to provide income documentation as requested. Discounts are on a sliding scale based on income. I understand this Discount Program is short term only. I may be subject to a review for eligibility once a year, twice a year, quarterly or monthly.

You will receive notification of approval by email. If you have not provided an email address on this application you will receive notification by mail.

Departmental Use Only

Date Received: _____

Date Reviewed: _____

Reviewer: _____

All documentation received: ☐ Yes ☐ No

Approved by: _____

Date Approved: _____

Discount Percentage: _____%

Re-evaluate every: 12 6 3 1

Next evaluation due: _____

Disapproved by: _____

Reason:

Application # _____

Discount due to:

☐
☐
☐

Long-Term Illness

Disability

Special
Circumstances

☐
☐
☐

OldeTowne Medical
Center

Department of Social
Services

Other

Applicant's Signature

Date